

SECT 04

FEB 18 1994 IN 6 31

1. EMO. N93C0001		2. INVESTIGATOR'S ID 1111	3. OFFICE CODE 800	EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT YR MO DAY 9 3 1 1 1 0		5. DATE INVESTIGATION INITIATED YR MO DAY 9 4 0 2 0 2		

6. SYNOPSIS OF ACCIDENT OR COMPLAINT There were two incidents of a toaster oven malfunctioning. In one incident, the toaster oven caught fire, and in the second incident the toaster oven had an on/off switch which was stuck in the on position.

7. LOCATION (Home, school, etc.) home	8. CITY New London	9. STATE CT
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10A. FIRST PRODUCT toaster oven	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Black & Decker 6 Armstrong Road Shelton, CT 06484
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10B. SECOND PRODUCT counter	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown
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12. AGE OF VICTIM 0 0 0	13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 1	14. DISPOSITION no e.r. visit 9	15. INJURY DIAGNOSIS burns, thermal 5 1
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16. BODY PART ankle	17. RESPONDENT(S) (Mother, Friend) fire marshal	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 3	19. TIME SPENT 3 0
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20. ATTACHMENTS multiple	21. CASE SOURCE fire dept.	22. REVIEWED BY 8 3 4 2	YR MO DAY 9 4 0 2 1 0
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23. PERMISSION TO DISCLOSE NAMES  
(NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME ☐ CPSC MAY NOT DISCLOSE MY NAME ☒

24. NARRATIVE (See Instructions on Other Side) See attached.	25. REGIONAL OFFICE DIRECTOR REVIEW DATE 2/10/94
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MFR/PRVLR NOTIFIED 3/13/95  
No Comments made  
Comments attached  
Revisions  
not requested  
Notice

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

### **PRE-ACCIDENT**

*The complainant stated that he is an inspector in the Fire Marshal's office. He stated that he had been called to an incident at a consumer's home concerning a toaster oven. The inspector stated that the consumer had used the toaster oven earlier in the day. The consumer indicated to the fire marshal that there had been no previous problems with the toaster oven. The toaster oven was approximately two years old at the time of the incident. The consumer had retired for the night when the incident occurred.*

### **ACCIDENT**

*The consumer told the inspector that he was awakened by a strange smell in the house. When he investigated, he realized that the toaster oven was on fire.*

### **POST-ACCIDENT**

*The consumer then grabbed the toaster oven, while on fire, and rushed to the front door with it to throw it out of the house. At that time, he suffered burns on his ankle. The consumer's wife also had her hand burned as she tried to help her husband with the unit as it was burning. The fire caused damage to the counters in the home. The consumer does not know how the unit was turned on. They believe that the unit may have never shut off after being used earlier in the day. The fire incident report is attached as Exhibit 1. The burned unit was given to this investigator and given sample no. S-800-3068.*

*The inspector became aware of a second incident involving the same model toaster oven. He stated that the second unit was not involved in a fire, but had overheated. The second unit had a history of not shutting off automatically. The consumer from whom he received the unit stated that they would have to remember to turn the unit off after using as the switch had not worked for quite a while. Attached as Exhibit 2 is a fire incident report concerning the second unit. This unit was also received as a sample and given sample no. S-800-3069.*

### **PRODUCT IDENTIFICATION**

**MANUFACTURER:** Black and Decker  
6 Armstrong Road  
Shelton, CT 06484

**DEALER:** unknown

**MODEL NUMBER:** TR-20TY2

## ***EXHIBITS***

- 1. New London Fire Department Incident Report***
- 2. Waterford Fire Department Incident Report***
- 3. Sample collection report S-800-3068***
- 4. Sample collection report S-800-3069***
- 5. Original assignment***

EXHIBIT 1

## New London Fire Dept.

08120	931513	0011	1093	Wed	15:07	15:09	17:00
TYPE OF SITUATION FOUND Structure fire 11				TYPE OF ACTION TAKEN Investigation only 3			
FIXED PROPERTY USE E-fan dwell year two 414				IGNITION FACTOR Auto control failure 32			
CORRECT ADDRESS 310 Montauk Av.				ZIP CODE 06320		CENSUS TRACT 6908.10	
OCCUPANT NAME (LAST, FIRST, MI) Gaynor, Gerard J.				TELEPHONE ( ) 443-6346		ROOM OR APT 1	
OWNER NAME (LAST, FIRST, MI) Gaynor, Gerard J.				ADDRESS 310 Montauk Av.		TELEPHONE ( ) 443-6346	
METHOD OF ALARM FROM PUBLIC Telephone to FMD 9				CO. INSPECTION DISTRICT 1		SHIFT 1	
NO. FIRE SERVICE PERSONNEL RESPONDED 1				NO. ENGINES RESPONDED 0		NO. AERIAL APPARATUS RESPONDED 0	
						NO. OTHER VEHICLES RESPONDED 1	
NUMBER OF INJURIES FIRE SERVICE 0				OTHER 2		NUMBER OF FATALITIES FIRE SERVICE 0	
						OTHER 0	
COMPLEX Swelling complex 1-2 faly 41				MOBILE PROPERTY TYPE			
AREA OF FIRE ORIGIN Kitchen, cooking area 24				EQUIPMENT INVOLVED IN IGNITION Portable cook/warm unit 25			
FORM OF HEAT OF IGNITION Conducted heat 84				TYPE OF MATERIAL IGNITED Plastic 40		FORM OF MATERIAL IGNITED Box, carton, bag 51	
METHOD OF EXTINGUISHMENT Towels 2				LEVEL OF FIRE ORIGIN Grade to 9' above gr 1		ESTIMATED LOSS (DOLLARS ONLY) 50.00	
NUMBER OF STORIES 2 stories.				2		CONSTRUCTION TYPE Protected wood frame 7	
EXTENT OF FLAME DAMAGE Part of ra/area of origin 2				EXTENT OF SMOKE DAMAGE No damage of this type 9			
DETECTOR PERFORMANCE Not at origin-did not opr 4				SPRINKLER PERFORMANCE No equipment present 8			
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE Plastic 40		AVENUE OF SMOKE TRAVEL No significant avenue 2			
		FORM OF MATERIAL GENERATING MOST SMOKE Box, carton, bag 51					
IF MOBILE PROPERTY		YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.	
IF EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL	SERIAL NO.		
			Black & Decker	TR20TY2	n/a		

O Check if comments on reverse side

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT)  
William Calkins, Fire InspectorDATE  
11/10/93

MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)

DATE  
/ /

4

New London Fire Dept.

File No. 931513

Page 1

Date: 11/10/93

Time: 13:07

Request by the owner/occupant for an investigation of a fire that occurred at 0145 hours on November 6, 1993, involving a toaster oven. Investigation found that a Black and Decker Toaster Oven Model TR20TY2, 120 volt, 1500 watts, 50-60 Hz-AC, UL Listed 225E, had a possible mechanical malfunction that caused excessive heat. Plastic containers on top of and adjacent to were ignited causing damage to the kitchen counter and floor.

Occupant/owner, Gerard Gaynor, recieved 2nd degree burns of the left ankle and his wife, Ms. Gaynor recieved 1st degree burns of the pointer and index finger of the left hand.

Investigation found that a second incident involving an identical toaster oven, Black and Decker, Model TR 20TY2, had occurred resulting in excessive heat caused when the lever failed to release.

# CIVILIAN CASUALTY REPORT

New London Fire Dept.

FDID 08120 INCIDENT NO 931513 EXP MO 00 DAY 11 YEAR 93 DAY OF WEEK Wednesday 4 ALARM TIME 15:07

CASUALTY NUMBER 1 DELETE CHANGE

CASUALTY LAST NAME Gaynor, Jr.		FIRST NAME Gerard		MI J	MO / YR 10/42	AGE 51	TIME OF INJURY 01:45
HOME ADDRESS 310 Montauk Av.				TELEPHONE ( ) 443-6346			
SEX MALE	1	CASUALTY TYPE Fire Casualty	1	SEVERITY Injury	1	AFFILIATION Civilian	3
FAMILIARITY WITH STRUCTURE Over 1 year		7	LOCATION AT IGNITION In room/space		2	CONDITION BEFORE INJURY Asleep	
CONDITION PREVENTING ESCAPE No impediment		8	ACTIVITY AT TIME OF INJURY Fire control		3	CAUSE OF INJURY Exposed to fire	
NATURE OF INJURY Burns only		2	PART OF BODY INJURED Foot		6	DISPOSITION Treat at scn/ri	
2		6		2			
<input type="checkbox"/> See remarks on back				<input type="checkbox"/> See additional report			

# CIVILIAN CASUALTY REPORT

New London Fire Dept.

FDID 08120 INCIDENT NO 931513 EXP MO 00 DAY 11 YEAR 93 DAY OF WEEK Wednesday 4 ALARM TIME 15:07

CASUALTY NUMBER 2 DELETE CHANGE

CASUALTY LAST NAME Gaynor		FIRST NAME Carol		MI	MO / YR 12/45	AGE 46	TIME OF INJURY 01:45
HOME ADDRESS 310 Montauk Av.				TELEPHONE ( ) 443-6346			
SEX FEMALE	2	CASUALTY TYPE Fire Casualty	1	SEVERITY Injury	1	AFFILIATION Civilian	3
FAMILIARITY WITH STRUCTURE Over 1 year		7	LOCATION AT IGNITION In room/space		2	CONDITION BEFORE INJURY Asleep	
CONDITION PREVENTING ESCAPE No impediment		8	ACTIVITY AT TIME OF INJURY Fire control		3	CAUSE OF INJURY Exposed to fire	
NATURE OF INJURY Burns only		2	PART OF BODY INJURED Hand		5	DISPOSITION Treat at scn/ri	
2		5		2			
<input type="checkbox"/> See remarks on back				<input type="checkbox"/> See additional report			

## Town of Waterford

200 Boston Post Road  
Waterford, Conn. 06385

## FIRE INVESTIGATION REPORT

CASE NUMBER: 93-806 COMPANIES RESPONDING: None  
TIME: 0700 COMPANY INSPECTION DISTRICT: 1  
DATE: 10/27/93 ORIGIN: XX EXPOSURE:

INCIDENT ADDRESS: 36 North Road

OCCUPANT NAME: Christopher M. Calkins D.O.B: 1/7/67

OCCUPANT ADDRESS: 36 North Road TELEPHONE: 437-0110

OWNER NAME: Christopher M. Calkins D.O.B:

OWNER ADDRESS: TELEPHONE:

INVESTIGATION CONSENT GIVEN BY:

TYPE OF SITUATION FOUND: structure fire

TYPE OF ACTION TAKEN: investigation only

REMARKS:

FIXED PROPERTY USE: Single Family COMPLEX: S/F

DATE BUILT: 1968 NO. STORIES: 1 SQUARE FOOTAGE: 965

CONSTRUCTION TYPE: unprot. w/f CONSTRUCTION METHOD: site built

EQUIPMENT INVOLVED: Toaster Oven (1500 watts) UL listed 228E

YEAR: unknown MAKE: Black &amp; Decker MODEL: TR20TY2 VOLTAGE: 110

MOBILE PROPERTY: YEAR: MAKE: MODEL:

REGISTRATION: STATE: EXPIRATION:

VIN #

AREA OF FIRE ORIGIN: kitchen

LEVEL OF FIRE ORIGIN: 3' above grade

TERMINATION STAGE: open flame

FORM OF HEAT IGNITION: toaster elements

TYPE OF MATERIAL IGNITED: bread

FORM OF MATERIAL IGNITED: food

IGNITION FACTOR: switch (lever) stuck in "ON" position

DETECTOR PERFORMANCE: n/a SPRINKLER PERFORMANCE: n/a

FACTOR CONTRIBUTING TO SPREAD OF FIRE: did not

FACTOR CONTRIBUTING TO SPREAD OF SMOKE: did not

METHOD OF EXTINGUISHMENT: unplugged

EVIDENCE OBTAINED: none

PERSONS INJURED/KILLED: none

PREVIOUS FIRE(S) OWNER: no OCCUPANT:

NUMBER PHOTOGRAPHS/SLIDES TAKEN: none

INFORMATION FROM FIRE FIGHTERS

COLOR OF SMOKE:

COLOR OF FLAMES:

UNUSUAL SMELL:

TIME FROM ALARM TO AGENT APPLICATION: no agent



EXTENT OF FLAME DAMAGE: toaster

EXTENT OF SMOKE DAMAGE: \_\_\_\_\_

EXTENT OF WATER DAMAGE: \_\_\_\_\_

EXTENT OF FIRE CONTROL DAMAGE: \_\_\_\_\_

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BUILDING/VEHICLE LOSS

PHYS. VALUE: \$ \_\_\_\_\_ ASSESSED VALUE: \$ \_\_\_\_\_ DEDUCTABLE \$ \_\_\_\_\_

INSURANCE COVERAGE: \$ \_\_\_\_\_ INSURANCE CO.: \_\_\_\_\_

INSURED LOSS: \$ 0 UNINSURED LOSS: \$ 0

CONTENT LOSS

TOTAL VALUE: \$ \_\_\_\_\_ INSURANCE COVERAGE: \$ \_\_\_\_\_ INS. CO.: \_\_\_\_\_

INSURED LOSS: \$ \_\_\_\_\_ UNINSURED LOSS: \$ \_\_\_\_\_

TOTALS

ESTIMATED LOSS

TOTAL INSURED LOSS: \$ \_\_\_\_\_

STRUCTURE: \$ 0

TOTAL LOSS: \$ \_\_\_\_\_

CONTENTS: \$ 0

EXPOSURE LOSSES: \$ \_\_\_\_\_

VEHICLE: \$ 0

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FIRE DISCOVERED BY: NAME: Mr. Calkins ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FIRE REPORTED BY: NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WITNESS: NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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STATE FIRE MARSHAL TO INVESTIGATE: no

LOCAL POLICE DEPARTMENT TO INVESTIGATE: no CASE NUMBER: \_\_\_\_\_

STATE REPORT SENT: \_\_\_\_\_

GENERAL REMARKS: Report for information purposes only.

DATE: 11/28/93

David Garside, Jr.

FIRE MARSHAL / ~~DEPUTY FIRE MARSHAL~~

ENTRIES CONTAINED IN THIS REPORT ARE INTENDED FOR THE SOLE  
USE OF THE WATERFORD FIRE MARSHAL.

ESTIMATIONS AND EVALUATIONS MADE HEREIN REPRESENT "MOST  
LIKELY" AND "MOST PROBABLE" CAUSE AND EFFECT.

THEREFORE, ANY REPRESENTATION AS TO VALIDITY OR ACCURACY  
OF REPORTED CONDITIONS OUTSIDE THE WATERFORD FIRE MARSHAL'S  
OFFICE IS NEITHER INTENDED NOR IMPLIED.

9-020-M(d)



# STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

December 27, 1993

David Garside, Jr.  
Waterford Fire Marshal  
200 Boston Post Road  
Waterford, CT 06385

Dear Mr. Garside:

*This office has recieved your complaint against the Black and Decker Toaster Oven, model no. TR20TY2.*

*Unfortunately, this office does not have direct jurisdiction over this type of product. I have, however, taken the liberty of forwarding your complaint to the Federal Consumer Product Safety Commission. This is the agency which is responsible for the safety of general use consumer products. It is part of their mission to protect the public from unreasonable risks of injury associated with consumer products.*

*Please do not hesitate to contact me if you have any further questions relative to this matter. Thank you.*

Sincerely,

A handwritten signature in cursive script that reads "Joan C. Jordan".

Joan C. Jordan, Supervisor  
Product Safety Unit

(203)566-2816

cc: Consumer Product Safety Commission  
6 World Trade Center  
Vesey Street, 3rd Floor  
New York, NY 10048

**U.S. CONSUMER PRODUCT SAFETY COMMISSION  
SAMPLE COLLECTION REPORT**

EXHIBIT 3

<b>1 FLAG</b>		<b>2 DATE COLLECTED</b>  2/2/94	<b>3 SAMPLE TYPE &amp; NUMBER S-800-3068</b> <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Documentary	
<b>4a PRODUCT NAME</b> Black & Decker Toaster Oven		<b>4b MODEL</b> TR-20TY2	<b>4c NEISS</b> 0216.	<b>5 ASSIGNMENT REF</b> 940112CCCC1180
<b>6 COMPLETE FOR IMPORT SAMPLES</b> Port of Entry _____ Entry # & date _____ Country of Origin _____ HSUSA Code _____ Customs contact _____			<b>7 MIS</b> 32626	<b>8 HOURS</b> Activity <u>1.5</u> hours Travel <u>1.5</u> hours
			<b>9a HOME RO</b> FOER	<b>9b COLLECTING RO</b> FOER
<b>10 SAMPLE COST</b> n/a	<b>11 INVOICE VALUE OF LOT</b> n/a		<b>12 SIZE OF LOT</b> n/a	
<b>13 MANUFACTURER/IMPORTER</b> Black & Decker 6 Armstrong Road ID# Shelton, CT 06484		<b>14 SHIPPER/FOREIGN MFR</b>  n/a ID#		<b>15 DEALER/IMPORT BROKER</b> Fire Marshal Wm. Calkins 289 Bank Street ID# New London, CT 06320
<b>16 SUPPORTING DOCUMENTS ATTACHED</b> n/a Invoice # & date _____ Date shipped _____ Shipping record & date _____ Affidavit signer's name, title, date _____				
<b>17 PRODUCT IDENTIFICATION</b> This product is a toaster oven, model no. TR-20TY2				
<b>18 REASON FOR COLLECTION/ANALYSIS NEEDED</b> FHSA <input type="checkbox"/> CPSA <input checked="" type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/> This is a followup to IDI #940112CCCC1180.				
<b>19 SUMMARY OF FIELD SCREENING</b> n/a				
<b>20 SAMPLE SIZE, METHOD OF COLLECTION</b>  n/a				
<b>21 IDENTIFICATION ON SAMPLE</b> JCJ S-800-3068 2/2/94 940112CCCC1180		<b>22 IDENTIFICATION ON SEAL</b>		
<b>23a SAMPLE DELIVERED TO</b> Given to Inv. Mele for mailing to headquarters		<b>23b DATE</b> 2/3/94	<b>24 ORIG. REPORT/RECORD SENT TO</b>	
<b>25 LABORATORY/OFFICE</b> ESEL <input type="checkbox"/> HSHL <input type="checkbox"/> CERM <input type="checkbox"/> CECA <input checked="" type="checkbox"/> Other _____				
<b>26 REMARKS</b>				
<b>27 RELATED SAMPLES</b> S-800-3069				
<b>28a COLLECTOR'S NAME/TITLE</b> Joan C. Jordan, Product Safety Supervisor		<b>28b COLLECTOR'S SIGNATURE/DATE</b> <i>Joan C. Jordan</i> 2/4/94		
<b>29a REVIEWER'S NAME/TITLE</b> Gil Bodin, Supervisory Investigator		<b>29b REVIEWER'S SIGNATURE/DATE</b>		

Distribution Orig \_\_\_\_\_ Lab \_\_\_\_\_ Fiscal \_\_\_\_\_ Data \_\_\_\_\_ Hdqtrs \_\_\_\_\_ Other \_\_\_\_\_  
CPSC FORM 166 (REV 9/91)

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
SAMPLE COLLECTION REPORT

EXHIBIT 4

1 FLAG		2 DATE COLLECTED 2/2/94		3 SAMPLE TYPE & NUMBER S-800-3069 <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Documentary	
4a PRODUCT NAME Black & Decker Toaster Oven		4b MODEL TR-20TY2		5 ASSIGNMENT REF 940112CCC1180	
6 COMPLETE FOR IMPORT SAMPLES Port of Entry _____ Entry # & date _____ Country of Origin _____ HSUSA Code _____ Customs contact _____				7 MIS 32626	
				8 HOURS Activity 1.5 hours Travel 1.5 hours	
				9a HOME RO Foer	
				9b COLLECTING RO FOER	
10 SAMPLE COST n/a		11 INVOICE VALUE OF LOT n/a		12 SIZE OF LOT n/a	
13 MANUFACTURER/IMPORTER Black & Decker 6 Armstrong Road ID# Shelton, CT 06484		14 SHIPPER/FOREIGN MFR n/a ID#		15 DEALER/IMPORT BROKER Fire Marshal William Calkins 289 Bank Street ID# New London, CT 06320	
16 SUPPORTING DOCUMENTS ATTACHED n/a Invoice # & date _____ Date shipped _____ Shipping record & date _____ Affidavit signer's name, title, date _____					
17 PRODUCT IDENTIFICATION This product is a toaster oven, model TR-20TY2					
18 REASON FOR COLLECTION/ANALYSIS NEEDED FHSA ___ CPSA <input checked="" type="checkbox"/> FFA ___ PPPA ___ RSA ___ This is a follow-up to IDI #940112CCC1180					
19 SUMMARY OF FIELD SCREENING n/a					
20 SAMPLE SIZE, METHOD OF COLLECTION n/a					
21 IDENTIFICATION ON SAMPLE JCJ S-800-3069 2/2/94 940112CCC1180			22 IDENTIFICATION ON SEAL		
23a SAMPLE DELIVERED TO Given to Inv. Mele for mailing to headquarters			23b DATE 2/3/94		24 ORIG. REPORT/RECORD SENT TO
25 LABORATORY/OFFICE ESEL ___ HSHL ___ CERM ___ CECA <input checked="" type="checkbox"/> Other _____					
26 REMARKS					
27 RELATED SAMPLES S-800-3068					
28a COLLECTOR'S NAME/TITLE Joan C. Jordan, Product Safety Supervisor			28b COLLECTOR'S SIGNATURE/DATE <i>Joan C. Jordan</i> 2/4/94		
29a REVIEWER'S NAME/TITLE Gil Bodin, Supervisory Investigator			29b REVIEWER'S SIGNATURE/DATE		

Distribution Orig \_\_\_ Lab \_\_\_ Fiscal \_\_\_ Data \_\_\_ Hdqtrs \_\_\_ Other \_\_\_\_\_  
CPSC FORM 166 (REV 9/91)

## ACCIDENT INVESTIGATION REQUEST FORM

6 PT

Document Number N3C-0001A2  
Date of Incident 11/14/93 Category I.D. SECTION 4  
Follow-Up Requested \_\_\_\_\_ Hazard Analysis Section 15  
Type Follow-Up Requested Telephone Call or On-Site  
Headquarters Contact Renee Rauchschaalbe  
Assignment Message Obtain product for ES evaluation.  
Determine date of purchase and service  
record of product. Any prior problems?  
Obtain any follow-up evaluations  
by fire department or consumer.  
What happened in first incident? Is  
product from first incident still  
available? If so, obtain it as  
well.

Person(s) to Contact ① Inspector William Calkins, Fire  
marshal's Office  
New London, CT 203-447-5294  
② Gerard Gaynor, Jr.  
310 Montauk Av  
203-443-6346

Guideline \_\_\_\_\_

Requested By RR  
Task Number 940112CCCU80  
Assigned to NYCO Date 940112

DEC - 7 1993

Department of Consumer Protection  
CONSUMER STATEMENT/PRODUCT INCIDENT REPORT

COMPLAINANT: Name: Inspector William Calkins, Fire Marshal's Office  
Street: 289 Bank Street City: New London State: CT Zip: 06320  
Home Phone: \_\_\_\_\_ Work Phone: 203-447-5294

MANUFACTURER: Name: Black & Decker  
Street: \_\_\_\_\_ City: Shelton State: CT Zip: \_\_\_\_\_

Have you contacted the manufacturer? Yes ☒ No Do you intend to? Yes ☒ No  
Have you returned the product? Yes ☒ No Do you intend to? Yes ☒ No

DEALER: Name: unknown  
STREET: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DESCRIPTION OF PRODUCT: toaster oven AGE OF PRODUCT: 2 years  
BRAND NAME: \_\_\_\_\_ MODEL NO.: TR-20TY2

IF INJURY OR ILLNESS: Victim's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Injury: \_\_\_\_\_  
Body Part Involved: \_\_\_\_\_ Treatment: \_\_\_\_\_

Give details of accident, injury, or illness. Describe how incident occurred.

The complainant is an inspector in the fire marshal's office. He stated that this was an incident which occurred in the town under his jurisdiction. He stated that the lever which is used to turn the unit on and then automatically shut it off malfunctioned. The toaster never shut off, which caused the plastic to ignite and cause a fire.

Received By: Joan C. Jordan  
Date Received: 11/15/93 Source Letter ☒ Phone ☐ Visit ☐  
Referred To: CPSC Date: 11/22/93

DO YOU GIVE THE DEPARTMENT OF CONSUMER PROTECTION YOUR PERMISSION TO RELEASE A COPY OF YOUR CONSUMER STATEMENT? ☒ Yes ☐ No

94011ZCCC1180

N3C-0001

605 1005/EP/1/